

NOTICE 2018-100

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T

Department of the Treasury Internal Revenue Service

Section A: Name of organization (MCLAREN FLINT), Employer identification number (38-2383119), and address (401 S. BALLENGER HIGHWAY, FLINT, MI 48532).

Section C: Book value of all assets at end of year (500,673,568) and Section G: Check organization type (501(c) corporation).

Section H: Describe the organization's primary unrelated business activity (SEE STATEMENT 1).

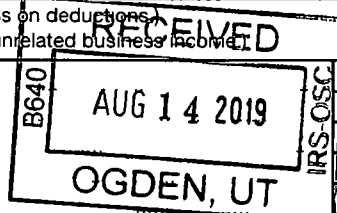
Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (SEE STATEMENT 4, MCLA 38-2397643).

Section J: The books are in care of (FRED KORTE) Telephone number (810-342-2000).

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income: 108,184.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions).

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-34. Total deductions: 1,000. Unrelated business taxable income: 108,184.



SCANNED OCT 09 2019

go-19

12

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation  
 Controlled group members (sections 1561 and 1563) check here  See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

c Income tax on the amount on line 34 ▶ 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36

37 Proxy tax. See instructions ▶ 37

38 Alternative minimum tax ▶ 38 924.

39 Tax on Non-Compliant Facility Income. See instructions ▶ 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ▶ 40 924.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit Attach Form 3800 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42 924.

43 Other taxes. Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 43

44 Total tax. Add lines 42 and 43 44 924.

45a Payments A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations: Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments:  Form 2439  Form 4136  Other 45g

46 Total payments Add lines 45a through 45g 46

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached  47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 924.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49

50 Enter the amount of line 49 you want Credited to 2018 estimated tax  Refunded  50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No

53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *[Signature]* Date 12/6/19 Title CFO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only

Print/type preparer's name Preparer's signature Date Check  if self-employed PTIN

DAVID LOWENTHAL DAVID LOWENTHAL 08/02/19 P00378651

Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951

Firm's address ▶ SOUTHFIELD, MI 48034 Phone no. (248) 352-2500

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5					X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1 Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)
			0.	0.
<b>Total dividends-received deductions</b> included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)	0.	Enter here and on page 1, Part I, line 9, column (B)	0.
---------------	--	---	----	---	----

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						

<b>Totals</b>		Enter here and on page 1, Part I, line 10 col (A)	0.	Enter here and on page 1, Part I, line 10 col (B)	0.	Enter here and on page 1, Part II, line 26	0.
---------------	--	---	----	---	----	--	----

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.
--	--	----	----	--	--	----

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (A)</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (B)</small>				<b>0.</b> <small>Enter here and on page 1, Part II, line 27</small>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			<b>0.</b>

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name **MCLAREN FLINT** Employer identification number **38-2383119**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction		<b>1</b>	<b>107,184.</b>
<b>2</b>	<b>Adjustments and preferences:</b>			
<b>a</b>	Depreciation of post-1986 property		<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities		<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs		<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)		<b>2d</b>	
<b>e</b>	Adjusted gain or loss		<b>2e</b>	
<b>f</b>	Long-term contracts		<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds		<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)		<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)		<b>2j</b>	
<b>k</b>	Loss limitations		<b>2k</b>	
<b>l</b>	Depletion		<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds		<b>2m</b>	
<b>n</b>	Intangible drilling costs		<b>2n</b>	
<b>o</b>	Other adjustments and preferences		<b>2o</b>	<b>-2,037.</b>
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o		<b>3</b>	<b>105,147.</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>			
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>		<b>105,147.</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>		<b>0.</b>
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>		
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note</b> You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>		
<b>e</b>	ACE adjustment.		<b>4e</b>	<b>0.</b>
	<ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>			
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		<b>5</b>	<b>105,147.</b>
<b>6</b>	Alternative tax net operating loss deduction. See instructions		<b>6</b>	<b>86,819.</b>
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		<b>7</b>	<b>18,328.</b>
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c).			
<b>a</b>	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8a</b>		<b>18,328.</b>
<b>b</b>	Multiply line 8a by 25% (0.25)	<b>8b</b>		<b>4,582.</b>
<b>c</b>	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8c</b>		<b>0.</b>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>		<b>18,328.</b>
<b>10</b>	Multiply line 9 by 20% (0.20)	<b>10</b>		<b>3,666.</b>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	<b>11</b>		
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>		<b>924.</b>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>		
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>		<b>924.</b>

STATEMENT 9 \*

STATEMENT 10

STMT 11 BLENDED RATE

\* SEE ALSO

STATEMENT 7  
STATEMENT 8

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		<b>1</b>	105,147.
<b>2</b>	ACE depreciation adjustment			
<b>a</b>	AMT depreciation	<b>2a</b>		
<b>b</b>	ACE depreciation			
	(1) Post-1993 property	<b>2b(1)</b>		
	(2) Post-1989, pre-1994 property	<b>2b(2)</b>		
	(3) Pre-1990 MACRS property	<b>2b(3)</b>		
	(4) Pre-1990 original ACRS property	<b>2b(4)</b>		
	(5) Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
	(6) Other property	<b>2b(6)</b>		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b>	Tax-exempt interest income	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:			
<b>a</b>	Certain dividends received	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:			
<b>a</b>	Intangible drilling costs	<b>5a</b>		
<b>b</b>	Circulation expenditures	<b>5b</b>		
<b>c</b>	Organizational expenditures	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments	<b>5d</b>		
<b>e</b>	Installment sales	<b>5e</b>		
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b>	Depletion		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		<b>10</b>	105,147.

---

FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED      STATEMENT 1  
BUSINESS ACTIVITY

---

SECTION 512(A)(7) - QUALIFIED TRANSPORTATION FRINGE

TO FORM 990-T, PAGE 1



MCLAREN FLINT

38-2383119

---

FORM 990-T

OTHER INCOME

STATEMENT 2

---

DESCRIPTION

AMOUNT

SECTION 512(A)(7) - QUALIFIED TRANSPORTATION FRINGE

108,184.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

108,184.

MCLAREN FLINT

38-2383119

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CONTRIBUTIONS TO 501(C)(3)  
ORGANIZATIONS

N/A

522,858.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

522,858.

MCLAREN FLINT

38-2383119

---

FORM 990-T      PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER      STATEMENT 4

---

CORPORATION'S NAME

IDENTIFYING NO

MCLAREN HEALTH CARE CORPORATION

38-2397643

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 5

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

522,858

TOTAL CONTRIBUTIONS AVAILABLE

522,858

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

522,858

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

522,858

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 6

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
09/30/13	175,175.	0.	175,175.	175,175.
09/30/14	247,720.	0.	247,720.	247,720.
NOL CARRYOVER AVAILABLE THIS YEAR			<u>422,895.</u>	<u>422,895.</u>

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 7

1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) . . . . .	107,184
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS AND DPAD . . . . .	0
<hr/>	
3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD . . . . .	107,184
4) ACE ADJUSTMENT ITEMS . . . . .	0
<hr/>	
5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4) . .	107,184
6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT) . . .	0
7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT .	0
8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE . . . . .	0
9) ACE ADJUSTMENT: IF LINE 6 IS POSITIVE OR ZERO ENTER THE AMOUNT FROM LINE 7 HERE AS A POSITIVE AMOUNT IF LINE 6 IS NEGATIVE, ENTER THE SMALLER OF LINE 7 OR LINE 8 HERE AS A NEGATIVE AMOUNT . . . . .	0
<hr/>	
10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9) . . . . .	107,184
11) CONTRIBUTION LIMITATION TO CALCULATE 90% AMTI LIMITATION FOR NOL . . . . .(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE ACE ADJUSTMENT ON LINE 9 ABOVE, MULTIPLIED BY 10%). . . . .	10,718
12) TOTAL AVAILABLE CONTRIBUTIONS . . . . .	522,858
<hr/>	
13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12) . . . . .	10,718
<hr/>	
14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13) . . . . .	96,466
15) NOL LIMITATION ( 90% OF LINE 14). . . . .	86,819
16) TOTAL NOL AVAILABLE . . . . .	422,895
<hr/>	
17) AMT NOL (LESSER OF LINE 15 OR LINE 16) . . . . .	86,819
<hr/>	
18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17 ) . . . . .	20,365
19) 10% OF LINE 18 . . . . .	2,037
<hr/>	
20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19) . .	2,037
21) REGULAR CONTRIBUTION DEDUCTION . . . . .	0
<hr/>	
22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20) . . . . .	-2,037
<hr/>	

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 8

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012  
FOR TAX YEAR 2013  
FOR TAX YEAR 2014  
FOR TAX YEAR 2015  
FOR TAX YEAR 2016

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

522,858

TOTAL CONTRIBUTIONS

522,858

10% OF TAXABLE INCOME AS ADJUSTED

2,037

EXCESS CONTRIBUTIONS

520,821

ALLOWABLE CONTRIBUTIONS

2,037

MCLAREN FLINT

38-2383119

---

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 9

---

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS

-2,037.

TOTAL TO FORM 4626, LINE 20

-2,037.

---

---



FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT 10

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>
09/30/13	175,175.	0.	175,175.
09/30/14	247,720.	0.	247,720.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			<u>422,895.</u>

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 11

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	3,666.	
TMT IN EFFECT BEFORE 01/01/2018 . . . . .	3,666.	
TMT IN EFFECT AFTER 12/31/2017 . . . . .	0.	
		DAYS
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . . 92	924.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . . 273	0.	
TMT PRORATED . . . . . 365		924.